

House Banking & Consumer Affairs Subcommittee Am. #1

Amendment No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor

**AMEND Senate Bill No. 130\***

**House Bill No. 406**

by deleting SECTION 2 and substituting:

SECTION 2. Tennessee Code Annotated, Section 47-18-104(b), is amended by adding the following as a new subdivision:

( ) A violation of SECTION 1;

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_



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Amendment No. \_\_\_\_\_

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Signature of Sponsor

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 504\***

**House Bill No. 633**

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Title 47, Chapter 18, is amended by adding the following as a new part:

**47-18-5601.**

As used in this part:

(1) "Air ambulance membership agreement":

(A) Means an agreement in exchange for consideration to pay for, indemnify, or provide an amount to a person for the cost of air ambulance services; and

(B) Does not include a health insurance plan or policy regulated under title 56;

(2) "Air ambulance membership organization" means an individual or entity that provides an air ambulance membership agreement; and

(3) "Consumer protection division" or "division" means the consumer protection division of the office of the attorney general and reporter.

**47-18-5602.**

(a) An air ambulance membership organization shall not knowingly sell, offer for sale, or provide an air ambulance membership agreement to an individual who is enrolled in TennCare Medicaid.

(b) If an individual who has purchased an air ambulance membership agreement subsequently enrolls in TennCare Medicaid during the duration of the membership



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agreement, the enrollee shall notify the air ambulance membership organization of such enrollment within thirty (30) days following the effective date of the enrollment. If the enrollee timely notifies the air ambulance membership organization of such enrollment, the air ambulance membership organization shall provide the enrollee a pro-rated refund of any consideration paid for the period from the effective date of the TennCare Medicaid enrollment through the expiration date of the air ambulance membership agreement. If the enrollee does not timely notify the air ambulance membership organization of such enrollment, the enrollee is not entitled to a pro-rated refund, but the air ambulance membership organization shall still disenroll the enrollee within thirty (30) days of receipt of the notice of the enrollee's enrollment in TennCare Medicaid.

**47-18-5603.**

(a) All air ambulance membership agreement websites, brochures, and marketing material must include the following disclosures in at least twelve-point Times New Roman font, or, alternatively, a clear and conspicuous hyperlink that leads to the following disclosures:

(1) The air ambulance membership agreement is a membership plan and is not insurance coverage;

(2) TennCare Medicaid covers air ambulance transport services and requires no out-of-pocket expense by the enrollee for air ambulance transport services; and

(3) Some state laws prohibit Medicaid beneficiaries from being offered air ambulance memberships or being accepted into air ambulance membership programs. If an individual submits an air ambulance membership agreement application, the applicant must attest to the fact that the applicant is not currently, nor plans to be, enrolled in Medicaid.

(b) An air ambulance membership agreement application must include the following disclosures in at least twelve-point Times New Roman font:

(1) The air ambulance membership agreement is a membership plan and is not insurance coverage;

(2) TennCare Medicaid covers air ambulance transport services and requires no out-of-pocket expense by the enrollee for air ambulance transport services; and

(3) Some state laws prohibit Medicaid beneficiaries from being offered air ambulance memberships or being accepted into air ambulance membership programs. By submitting this application, the applicant attests to the fact that the applicant is not currently, nor plans to be, enrolled in Medicaid. If the applicant is not currently enrolled in Medicaid, but becomes enrolled at any time during the duration of the membership agreement, then the applicant must notify the air ambulance membership organization within thirty (30) days. If the applicant timely notifies the air ambulance membership organization of such enrollment, then the air ambulance membership organization must provide the applicant a pro-rated refund of any consideration paid for the air ambulance membership agreement.

**47-18-5604.**

(a) If an enrollee believes that an individual or entity has violated this part, then the enrollee may submit a complaint to the consumer protection division.

(b) If the consumer protection division finds that an individual or entity has violated this part, then the division may seek any remedies available pursuant to the Tennessee Consumer Protection Act of 1977, compiled in part 1 of this chapter.

SECTION 2. This act takes effect July 1, 2023, the public welfare requiring it, and applies to conduct occurring on or after that date.

Amendment No. \_\_\_\_\_

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Signature of Sponsor

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 97\***

**House Bill No. 396**

by deleting all language after the enacting clause and substituting:

SECTION 1. This act is known and may be cited as the "Garrison-Jordan Survivor Benefits Act."

SECTION 2. Tennessee Code Annotated, Section 50-6-210(e)(4), is amended by deleting the subdivision and substituting:

(4) **Remarriage of Surviving Spouse.** Upon the remarriage of a surviving spouse, if there is no child of the deceased employee, the periodic compensation benefits shall terminate and the surviving spouse is entitled to one (1) lump sum payment equal to one hundred (100) weeks based on twenty-five percent (25%) of the average weekly wages of the deceased employee, subject to the maximum total benefit; but if there is a child or children under eighteen (18) years of age, or over eighteen (18) years of age if physically or mentally incapacitated from earning, from the time of the remarriage, the child or children have status of orphan or orphans and draw compensation accordingly, except the compensation shall not exceed sixty-six and two-thirds percent (66 2/3%) of the average weekly wages of the deceased.

SECTION 3. Tennessee Code Annotated, Section 50-6-210(e), is amended by deleting "fifty percent (50%)" wherever it appears and substituting "sixty-six and two-thirds percent (66 2/3%)".

SECTION 4. Tennessee Code Annotated, Section 50-6-210(e)(11), is amended by deleting the last sentence and substituting:



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If the dependent is attending a recognized educational institution or completing secondary education or a program leading to an equivalent credential, or enrolled in a recognized institution that provides postsecondary or career or technical education, then benefits shall be paid until twenty-two (22) years of age;

SECTION 5. Tennessee Code Annotated, Section 50-6-210, is amended by adding the following as a new subsection:

(g)

(1) If a dependent, as established by order, judgment, or decree, is determined to be entitled to benefits under this chapter, then the employer or insurer may periodically require the dependent to provide information relevant to whether the dependent continues to qualify for benefits. After receipt of the request for information, the dependent shall provide the requested information relevant to dependency within fifteen (15) days of the date of the request.

(2)

(A) If the dependent fails to provide the requested information relevant to dependency, then the employer or insurer may suspend benefits. If benefits are suspended, then the employer or insurer shall notify the department by filing a notice of change or termination of benefits within fifteen (15) days of the first omitted payment of compensation.

(B) If the dependent provides the requested information relevant to dependency within any period of suspension of benefits and the employer or insurer does not dispute the dependent's eligibility for benefits, then within fifteen (15) days of the receipt of such information, the employer or insurer shall restore periodic benefits and shall remit to the dependent any periodic benefits that were withheld during any period of suspension of benefits.

(3) If the dependent provides information indicating the dependent no longer qualifies for benefits under this chapter based on changes in the dependent's circumstances that have occurred since the time of the initial order, judgment, or decree, then the employer or insurer may terminate benefits. If benefits are terminated, then the employer or insurer shall notify the department by filing a notice of change or termination of benefits within fifteen (15) days of the first omitted payment of compensation.

(4) If benefits are suspended as provided in subdivision (g)(2), or terminated as provided in subdivision (g)(3), then the dependent may file a petition for benefit determination.

(5) A person who provides false or misleading information in response to a request for information relevant to dependency commits a fraudulent insurance act as provided in § 56-47-103, which is punishable as theft under § 39-14-105.

SECTION 6. This act takes effect July 1, 2023, the public welfare requiring it.